

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



December 31, 2002

ALL COUNTY INFORMATION NOTICE NO. I-97-02

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHIEF INVESTIGATORS
ALL COUNTY DISTRICT ATTORNEYS
ALL CalWORKs PROGRAM SPECIALISTS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: TRANSMITTAL OF REVISED CALIFORNIA WORK OPPORTUNITY AND
RESPONSIBILITY TO KIDS (CALWORKS) DISQUALIFICATION
CONSENT AGREEMENT FORM ABCD 478A

This All County Information Notice (ACIN) transmits a revised copy of the above listed form. This form has been corrected to insert one sentence on the first page that clarifies the word "intentionally," removes multiple extraneous references to the phrase "to get aid you were not eligible to receive," and corrects minor typographical spacing errors. Counties should begin using this form as soon as administratively feasible.

The ABCD 478A transmitted with this ACIN is designated as a "Recommended Form." County Welfare Departments may modify it without prior approval from the California Department of Social Services, opt to not use it, or develop their own DCA form.

After you receive a copy of the English CalWORKs form or message, please allow six to eight weeks for the form to be translated. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Vietnamese and Russian translations as soon as they become available. You do not need to initially request the form from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Vietnamese or Russian, FAX your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov. For a camera-ready copy and/or an additional copy of the English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms from the CDSS web page at: www.dss.cahwnet.gov. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to fmu@dss.ca.gov. Your CalWORKs Forms Coordinator will distribute translated forms and messages to each program and location. Each

county shall provide bilingual/interpretive services and written translations to non-English or limited-English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

No State-produced stock will be available for the ABCD 478A. A "Master Only" copy of the form is being distributed with this notice. Stock of other CalWORKs forms may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

If you have any questions or need further information, please contact Dave Comstock of the Fraud Bureau at 916-263-5706 or send an e-mail to: dave.comstock@dss.ca.gov.

Sincerely,

DEBORAH McFADDEN, Chief
Program Integrity Branch

Attachments

c: CWDA

DISQUALIFICATION CONSENT AGREEMENT CALIFORNIA WORK OPPORTUNITY and RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM

Date:

Case Name:

Case Number:

IMPORTANT NOTICE

This form may apply to you only if you are a member of one of the two classes set forth below:

- (1) You have been accused of an Intentional Program Violation and have met the terms of a court order; or
- (2) You have been accused of an Intentional Program Violation but have not been prosecuted because you have met the terms of an agreement with the prosecutor, which was endorsed by the court.

_____ County has reason to believe that you _____, committed an Intentional Program Violation. This means that you **intentionally** gave the County wrong information or you **intentionally** did not tell the truth when you were asked certain questions. By "intentionally" we mean that you did it on purpose. **For CalWORKs/AFDC, this means you also did it for the purpose of establishing or maintaining the family's eligibility for CalWORKs/AFDC or for increasing, or preventing a reduction in, the amount of the grant.** This may have resulted in an overpayment of CalWORKs benefits.

Information Notice

If you sign the Disqualification Consent Agreement:

- Your income and resources will count when figuring the Assistance Unit's eligibility, but your needs will not be considered.
- The Disqualification Consent Agreement must be signed by you (the accused person).
- You will be disqualified from the CalWORKs Program for a specified period of time even if you do not admit to the facts presented by the County. (See Disqualification Penalties).
- You will be disqualified from the CalWORKs Program for a specified period of time even if a court does not find you guilty of fraud.
- You and any remaining Assistance Unit members are responsible for repayment of any overpayment, if any, which resulted from your incorrect reporting, unless the overpayment has already been repaid.
- If you do not agree with this Disqualification Consent Agreement after signing and a disqualification penalty has been imposed, you cannot ask the State or County for a hearing. You can file an appeal in an appropriate court of law.

Rules: These rules apply. You may review them at your welfare office: Manual of Policies and Procedures Sections: 20-352.213, 20-353.1, 20-353.2, 22-003.11.

DISQUALIFICATION PENALTIES (For violations committed before January 1, 1998)

Within 45 days from the date you sign this agreement, you will not be eligible to receive CalWORKs for:

- ☐ Six months for the first violation for not reporting, on purpose, all facts or giving wrong facts.
- ☐ Twelve months for the second violation for not reporting, on purpose, all facts or giving wrong facts.
- ☐ Two years for the first violation for filing more than one application for the same period of time or for giving false documentation for children who are not eligible or do not exist.
- ☐ Four years for the second violation for filing more than one application for the same period of time or for giving false documentation for children who are not eligible or do not exist.
- ☐ Permanently for the third violation for:
 - ☐ Not reporting, on purpose, all facts or giving wrong facts.
 - ☐ Filing more than one application for the same period of time or for giving false documentation for children who are not eligible or do not exist.

DISQUALIFICATION PENALTIES (For violations committed on or after January 1, 1998)

Within 45 days from the date you sign this agreement, you will not be eligible to receive CalWORKs for:

- ☐ Six months for the first violation for not reporting, on purpose, all facts or giving wrong facts.
- ☐ Twelve months for the second violation for not reporting, on purpose, all facts or giving wrong facts.
- ☐ Two years for the first violation for:
 - ☐ A felony conviction, in a state or federal court, that does not meet the conditions for permanent penalty and the overpayment is less than \$2,000.
 - ☐ Filing, on purpose, more than one application for the same type of aid, for the same period of time.
- ☐ Four years for the second violation for filing, on purpose, more than one application for the same type of aid, for the same period of time.
- ☐ Five years for a felony conviction, in a state or federal court, that does not meet the conditions for permanent penalty and the overpayment is between \$2,000 and \$5,000 in cash aid.
- ☐ Permanently:
 - ☐ For the third violation for not reporting, on purpose, all facts or giving wrong facts.
 - ☐ For the third violation for filing, on purpose, more than one application for the same type of aid, for the same period of time.
 - ☐ For giving false documentation for children who are not eligible or do not exist.
 - ☐ For lying about or misrepresenting your place of residence in order to get more than one cash aid grant at the same time from two or more states or counties.
 - ☐ For a felony conviction, in a state or federal court, for fraudulently receiving or attempting to get more than \$5,000 in cash aid.
 - ☐ For fraudulently receiving more than \$10,000 in cash aid.

According to the violation checked above, this means that:

- ☐ If you sign this Disqualification Consent Agreement, your disqualification penalty will be _____ months/years.
- ☐ If you are not eligible for CalWORKs right now, your disqualification period will begin after you reapply and are otherwise eligible.

If you need free legal help before deciding whether to sign or not sign the Disqualification Consent Agreement, contact the nearest legal aid office listed here:

If you have any questions or need more information about the Disqualification Consent Agreement, please contact

_____ at () _____ .

DISQUALIFICATION CONSENT AGREEMENT:

I have reviewed the facts given to me regarding this Disqualification Consent Agreement.

I understand what will happen to me if I sign this consent agreement.

I HEREBY VOLUNTARILY CONSENT TO BE DISQUALIFIED FROM THE CalWORKs PROGRAM FOR A PERIOD OF _____ .

Please check one of the boxes below:

- ☐ I do not admit that the facts as presented are correct. However, I have chosen to sign this Disqualification Consent Agreement and understand that a disqualification penalty will result.
- ☐ I admit to the facts as presented and understand that a disqualification penalty will be imposed if I sign this Disqualification Consent Agreement.

Signature of Accused Person

Date